

We are pleased that you have chosen Red River Family Practice for your healthcare needs. Our Physicians and staff are here to help in any way possible. Please take a moment to review the following office policies. If you have any questions, please see our front office staff or call 512-476-6555. We are participating providers for many of the PPO health plans. However, some may qualify under another entity with which we may not be familiar; it is a good idea to contact your insurance carrier directly to check their current participating provider list. We also participate with Seton EPN; these plans require that one of our providers be listed as your primary care physician prior to seeing the physician. Medicare Patients: please make sure our policy is strictly Medicare alone and not an "Advantage Plan" or HMO Medicare Plan.

Requests for prescription refills should be made directly with your pharmacy, unless it is a controlled prescription which requires an office visit with your physician for renewal. After you make the request with your pharmacy, they contact us directly and we will respond within 24 hours. We recommend that you contact your pharmacy 2-3 days before your medication runs out to ensure that you continue to receive your medication as needed.

For after-hours care that is non-urgent or after-hours refill requests, leave a voicemail for our office staff. Some after-hours problems can be handled by our physicians, and may be subject to a \$25 phone charge. This service is accessed through Medlink, our answering service.

Please help us accommodate all of our patients by respecting our 24 hour cancellation policy. If you must cancel your appointment, we request they be made at least 24 hours prior to the scheduled appointment time. Late cancellations/no shows are subject to a \$25 fee.

All checks returned to our office for insufficient funds are subject to a \$25 returned check fee. Payment for such checks must be made by cash, money order, or credit card.

My signature below indicates that I have read and understood the above office policies.

Patient or Representative's Signature

Date

INSURANCE AUTHORIZATION

I authorize Red River Family Practice to release to my insurance carrier any information required in the course of my examination and/or treatment. I also authorize the use of this signature on all claim submissions and authorize payment of medical benefits to Red River Family Practice. I understand that I am financially responsible for all charges incurred whether or not they are covered by my insurance carrier.

Patient or Representative's Signature

Date